Based on Survey of Patients' Hospital Experiences (HCAHPS)

| | Provider Number | Hospital Name | Address 1 |
|--------|-----------------|------------------------------------|-------------------------|
| 360006 | | RIVERSIDE METHODIST HOSPITAL | 3535 OLENTANGY RIVER RD |
| 360017 | | GRANT MEDICAL CENTER | 111 SOUTH GRANT AVENUE |
| 360035 | | MOUNT CARMEL HEALTH | 793 WEST STATE STREET |
| 360085 | | OHIO STATE UNIVERSITY HOSPITALS | 410 WEST 10TH AVENUE |
| 360152 | | DOCTORS HOSPITAL | 5100 WEST BROAD STREET |
| 360247 | | WOODS AT PARKSIDE,THE | 349 OLDE RIDENOUR ROAD |

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| Address 2 | Address 3 | City | State |
|-----------|-----------|----------|-------|
| | | COLUMBUS | OH |
| | | COLUMBUS | OH |
| | | COLUMBUS | ОН |

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| ZIP Code | County Name | Phone Number (Old) |
|----------|-------------|--------------------|
| 43214 | FRANKLIN | |
| 43215 | FRANKLIN | |
| 43222 | FRANKLIN | |
| 43210 | FRANKLIN | |
| 43228 | FRANKLIN | |
| 43230 | FRANKLIN | |

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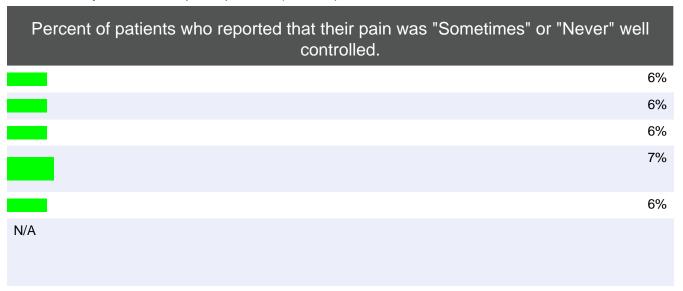
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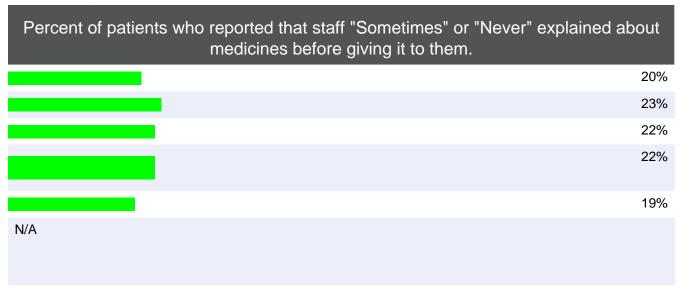
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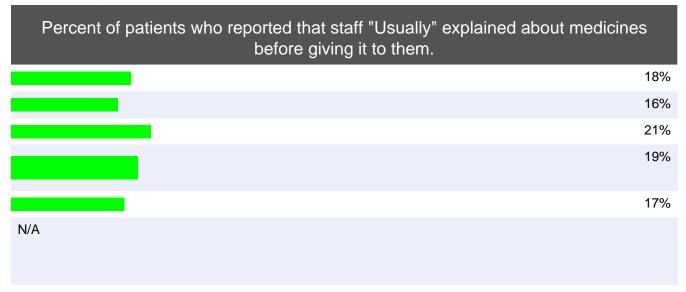
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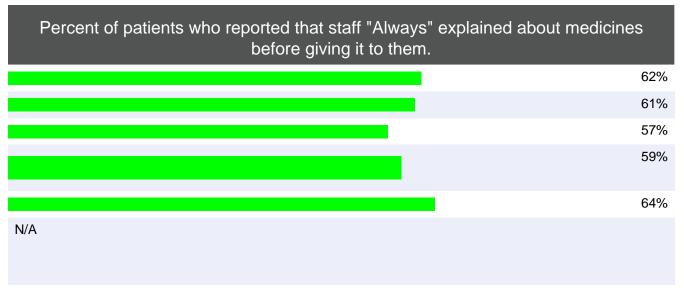
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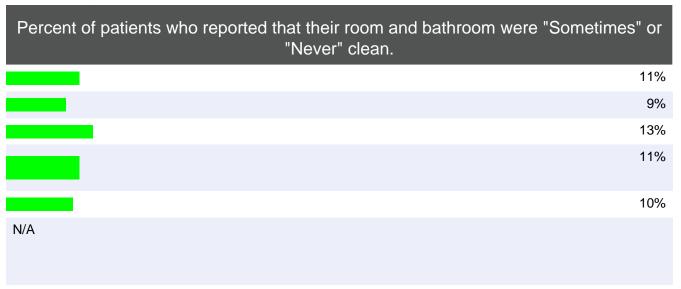
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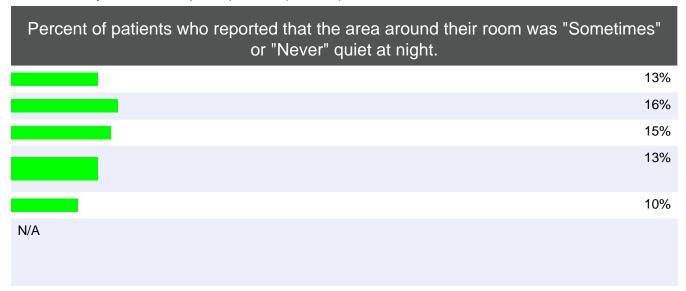
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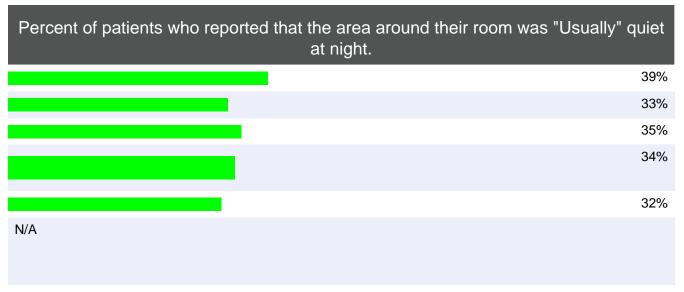
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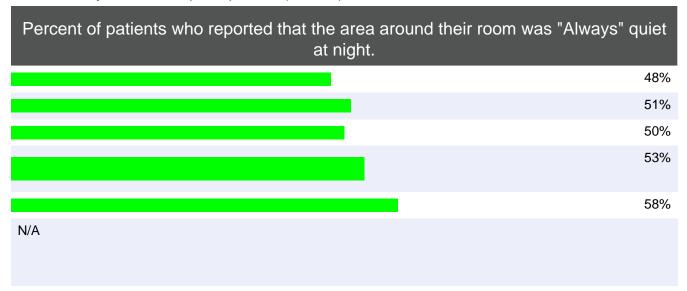
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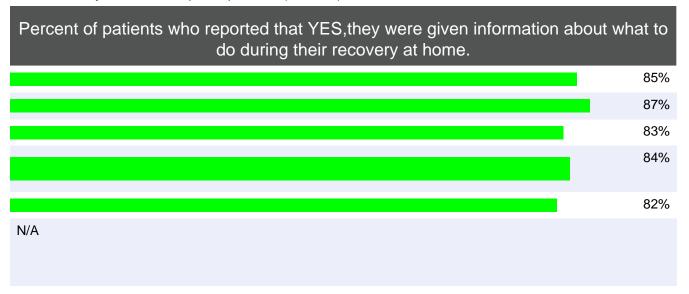
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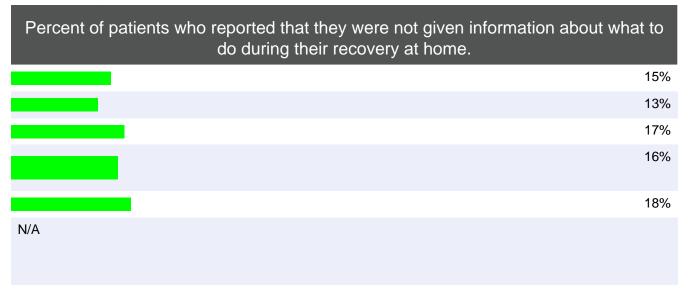
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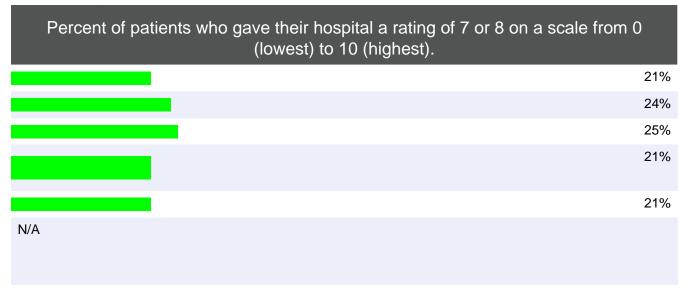
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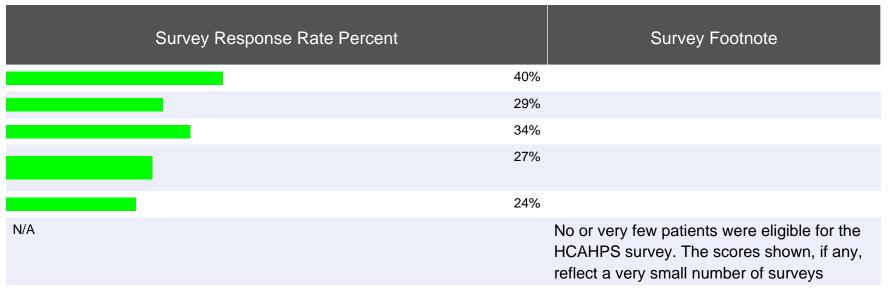
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| | Number of Completed Surveys |
|-------------|-----------------------------|
| 300 or more | |
| N/A | |

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|---|-------------------|--|
| | Hospital Footnote | |
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